

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>3/5</i>	<i>18-673</i>	<i>06-14-01</i>
RESPONSE FORMALITY REVIEW	<i>R.M.</i>	<i>AFS</i>	<i>06-14-01</i>

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
〃	Allowed	I	Interference
— (Through numeral)...	Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Date
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40	N
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42	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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